

THE CONNECTION

NEWSLETTER

LINKING HEALTH AGENCIES AND COMMUNITY ORGANIZATIONS
THAT WORK WITH MINORITIES IN UTAH



July 2006 Issue #1

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WELCOME TO "THE CONNECTION"



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Welcome everyone to our first issue! This newsletter has been created with the purpose to "connect" and update all the people working in minority health in the state of Utah.

It could be a coincidence, but this newsletter is born in a significant month for this country and for this state. On July 4, 1776, the United States of America claimed independence from Britain and democracy was born, and July 24 is Pioneer Day, a Utah state holiday, a day where Utahns celebrate the pioneers' settling in Salt Lake. Similar to the pilgrims or to the pioneers, every day thousands leave their homeland to come to the "land of the free and the home of the brave" so they can begin their American Dream.

The same dream that many people in Utah have in mind when our office was created by Utah Legislature.

In 2004, the Utah Legislature authorized funding to create an office of minority health at the Utah Department of Health, and the

Center for Multicultural Health (CMH) was opened in the Division of Community and Family Health Services. Since then, the Legislature has authorized additional funding to expand services. CMH works with Utah Department of Health programs to improve cultural competence, data collection, translation and interpretation services, and workforce diversity.

In November 2005, the CMH received federal funding through the State Partnership Grant to coordinate efforts to reduce racial and ethnic health disparities with local health departments and community-based organizations.

Recently, CMH has initiated a Multicultural Health Network that is coordinated by a non-profit agency to involve public and private sector health organizations in improving minority health. CMH also supports the Ethnic Health Advisory Committee (EHAC), which provides recommendations to the

Utah Department of Health on racial and ethnic health issues.

CMH is staffed by one full-time coordinator, Owen Quiñonez, one full-time health program specialist, Dulce Diez, and one part-time health program specialist, April Bennett. CMH is pleased to have Matt Montoya as a temporary full-time health program specialist. CMH also enjoys the support of volunteers and interns.

Because we believe diversity enriches everything it touches , all our staff members are from different countries, backgrounds, and cultures. Diversity is what makes the United States of America a great and unique country. Let's take advantage of that, let's be diverse in our approaches: public/private, state/ local, and government/community. Let's increase the cooperation and collaboration among those of us working in minority health.

Let's keep connected!
CMH Staff

We're on the Web!
www.health.utah.gov/cmh/



The Center for Multicultural Health and Medicaid will provide monetary incentives to participants who complete training and work in clinics that serve Medicaid clients.

MONETARY INCENTIVES AND QUALITY IMPROVEMENT AVAILABLE FOR CLINICIANS

Physicians, office managers and other clinic personnel may sign up now for the Physician Office Ethnic and Racial Minority Underserved Project, a collaboration of the Center for Multicultural Health, *HealthInsight*, and Medicaid.

Participants will receive a clinic assessment; free, Internet-based Continuing Medical Education on improving cultural competence and linguistic services;

and technical assistance from *HealthInsight* and Center for Multicultural Health staff to improve clinic capacity to serve ethnic and racial minorities.

The Center for Multicultural Health and Medicaid will provide monetary incentives of up to \$450 per participant to participants who complete training and work in clinics that serve Medicaid clients.

To be eligible to participate in this project, at least one physician and one clinic administrator from the same clinic must join the project together and their clinic must serve Medicare patients. To learn more about this opportunity and to sign up for these services, contact aybennett@utah.gov or EDePrat@healthinsight.org or see <http://www.healthinsight.org/doqit/minority.html>.

MINORITY POPULATION IN OUR LOCAL HEALTH DEPARTMENTS

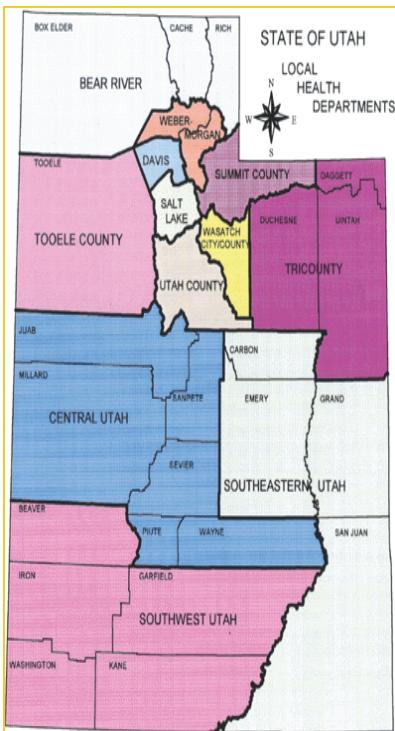
Utah's population is about 2,469,230 people (estimated as of July 1, 2004).

In the early 1970s, about 98% of the state's population was white. Since that time, however, the minority population has increased dramatically, particularly in the 1990s and continuing to the present. During the 1990s, the White non-Hispanic majority population grew by 21 percent, while the minority population grew by 117 percent. Today, it is estimated Utah's minority population is approximately 17% of the total

population. Although most of this population live in the Wasatch area, we do not have to forget other areas of the state.

One of the main goals of the Center for Multicultural Health is to collaborate with Local Health Departments (LHDs), helping them to reduce health disparities among racial and ethnic minorities in Utah. In order to do that, LHDs have designated a multicultural health contact to work as a liaison between his/her LHD and the CMH. If you want to know who is the contact for your LHD visit our

webpage at www.health.utah.gov/cmh/LHD/htm. There, you will also find information about the racial and ethnic distribution by LHDs in Utah.



“During the 1990s, the White non-Hispanic population in Utah grew by 21 percent, while the minority population grew 117 percent”

MEDICAID ELIGIBILITY**Overview of New Guidance on Citizenship Documentation for Medicaid Benefits**

On June 9, 2006, the U.S. Department of Health and Human Services (HHS) issued guidelines for states to implement a new requirement, effective July 1, that people applying for Medicaid document their citizenship. The new documentation requirement is outlined in section 6036 of the Deficit Reduction Act 2005 (DRA) and is intended to ensure that Medicaid beneficiaries are citizens without imposing undue burdens on them or the states.

Recognizing the diversity of beneficiaries served by Medicaid, the guidelines provide for a range of ways that citizenship status and personal identity may be documented. If other forms of documentation cannot be obtained,

documentation may be provided by a written affidavit, signed under penalty of perjury, from two citizens, one of whom cannot be related to the applicant or recipient, who have specific knowledge of a beneficiary's citizenship status. Affidavits can only be used in rare circumstances. Additional types of documentation, such as school records, may be used for children. Current beneficiaries should not lose benefits during the period in which they are undertaking a good-faith effort to provide documentation to the state.

American citizenship or legal immigration status has always been a requirement for Medicaid eligibility; however, beneficiaries could assert their status by checking a box on a form. The DRA requires actual documentary evidence before Medicaid eligibility is

granted or renewed beginning July 1, 2006.

The provision requires that a person should provide both evidence of citizenship and identity. In many cases, a single document (such as a passport) will be enough to establish both citizenship and identity. However if secondary documentation is used, such as birth certificate, the individual will also need evidence of their identity. Once citizenship has been proven, it need not be documented again with each eligibility renewal unless later evidence raises a question.

For more information about the citizenship documentation requirements go to www.cms.hhs.gov/MedicaidEligibility/05ProofCitizenship.asp#TopOfPage



Effective July 1, 2006, people applying for Medicaid must document their American citizenship

MEDICARE INFORMATION

There is a presentation in a series of training sessions entitled "Achieving a Healthy America," on how CMS and our partners can work together to help people with Medicare live longer and healthier lives.

When: July 13, 2006 (LIVE)

Time: 2:30-3:30 pm EDT

Topic: "Closing the Prevention Gap and Update on Prescription Drug Coverage" <http://cms.archivevideo.com/>

Health Insurance Information Program training, provided by the Utah State Division of Aging and Adult Services, will be held at the AARP offices August 17th and 18th.

Ongoing training and support will be provided through the Outreach Program and will include a two day training on Part D Medicare on September 21st and 22nd. If you are interested in becoming a part of this project, or know of potential volunteers, please contact Susanne Haselton at 468-2478. Salt Lake County Aging Services.

OUR MISSION

The Center for Multicultural Health (CMH) is the Utah office of minority health. It is part of the Utah Department of Health, Division of Community and Family Health Services.

Our mission is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. We accomplishes our mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services in Utah.



CENTER FOR MULTICULTURAL HEALTH,
UTAH DEPARTMENT OF HEALTH

Salt Lake City, Utah 84114-2001
P.O Box 142001
Phone: 1-888-222-2542
Fax: 801-538-6591

The Connection

Production Editors:

- Dulce A. Díez
- April Y. Bennett
- Owen Quiñonez

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If you work for the Utah Department of Health, Local Health Departments, or Community Organizations, we would like to hear from you. Please submit feedback, suggestions, ideas , or articles to:

ddiez@utah.gov

JOB OPENINGS

- ◆ Within the next few weeks, CMH will open a full-time position. Detailed information will be posted on the State of Utah website. <http://www.utah.gov/>
- ◆ Utah County. Part time health educator. <http://www.co.utah.ut.us/Dept/Health/index.asp>
- ◆ Salt Lake County. Part time Spanish-speaking nutritionist. <http://www.slvhealth.org/index.html>

FUNDING OPPORTUNITIES

- ◆ Open Meadows Projects for Women and Girls DEADLINE: Aug 15, 2006 <http://www.openmeadows.org/>
- ◆ American Indians for Drug Free Communities in Utah. Request for Proposals are limited to five pages (not including title page) and **must be received by 5 p.m. on August 1, 2006**. Please submit 6 copies of your proposal to Shawn Jimerson, Project Coordinator, at 1800 South W. Temple, Suite 407, Salt Lake City, Utah 84115. Grant awards will be announced by August 16, 2006.
- ◆ WHO Foundation: Women Helping Others Accepting Grant Applications. Deadline: September 12, 2006. http://www.whofoundation.org/WHO_AppForm.htm

FOR COMMUNITY ORGANIZATIONS

Let us know about your organization. We'll post information about your organization in our website and newsletter. Contact Dulce ddiez@utah.gov

JOIN OUR LISTSERVE

The Center for Multicultural Health encourages all its partners at health departments and community organizations to join our new listserv, cmh@list.utah.gov.

Members of the listserv will receive emails from the Center informing them of new multicultural health resources, funding opportunities, and news. Listserv members may also send emails to cmh@list.utah.gov in order to reach a network of Utah multicultural health advocates about

multicultural health issues, resources and events.

The Center for Multicultural Health moderates the listserv and ensures that any information sent through the listserv is appropriate to multicultural health advocates and that the total number of emails is limited—we promise not to overwhelm your inboxes! To join, contact aybennett@utah.gov.

CONTRIBUTE TO OUR WEBSITE

The Center for Multicultural Health website is now available at <http://www.health.utah.gov/cmh/>. Does your organization have an event, funding opportunity, or resource that would benefit multicultural health advocates? Please let us know so that we can promote it through our website. Contact aybennett@utah.gov.